

**PART B - FEE(S) TRANSMITTAL**

Complete and send this form, together with applicable fee(s), to: Mail

**Mail Stop ISSUE FEE  
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Alexandria, Virginia 22313-1450**

**or Fax (703) 746-4000**

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

24735 7590 05/06/2005

**BAKER BOTT'S LLP**  
C/O INTELLECTUAL PROPERTY DEPARTMENT  
THE WARNER, SUITE 1300  
1299 PENNSYLVANIA AVE, NW  
WASHINGTON, DC 20004-2400



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/939,646      | 08/28/2001  | Melba Delaine Self   | 006910.2500         | 4509             |

TITLE OF INVENTION: CHAIR COVERS

| APPLN. TYPE               | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|---------------------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional            | NO           | \$1400    | \$300           | \$1700           | 08/08/2005 |
| EXAMINER                  |              | ART UNIT  | CLASS-SUBCLASS  |                  |            |
| BARFIELD, ANTHONY DERRELL |              | 3636      | 297-229000      |                  |            |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Baker Botts L.L.P.

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

07/12/2005 SZEWIDIE2 00000003 09939646

| (A) NAME OF ASSIGNEE | (B) RESIDENCE: (CITY and STATE OR COUNTRY) | 700.00 OP |
|----------------------|--|-----------|
|                      | 01 FC:2501                                 | 300.00 OP |
|                      | 02 FC:1504                                 | 36.00 OP  |
|                      | 03 FC:8001                                 |           |

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 12

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Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

07/08/05

James B. Aspin  
Typed or printed name

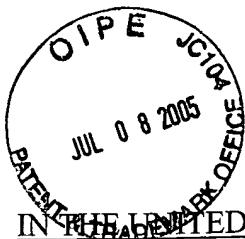
Registration No. 33,470

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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| <b>FEE TRANSMITTAL</b><br><b>[MAIL STOP ISSUE]</b>   |                 | Complete If Known  |                          |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
|--|-----------------|--|--------------------------|--------------------------|-----------------|--------------------|----|-------------------|----|------------------|----|--------------------|----|------------------------|----|
|  |                 | Application No.  | 09/939,646               |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
|  |                 | Filing Date  | August 28, 2001          |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
|  |                 | First Named Inventor   | Melba Delaine SELF       |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
|  |                 | Examiner Name  | Anthony Derrell BARFIELD |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
|  |                 | Group Art Unit   | 3636                     |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
| Total Amount Of Payment  | (\$)            | 1,036.00   |                          |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
| <b>METHOD OF PAYMENT (check one)</b>   |                 | <b>FEE CALCULATION (continued)</b>   |                          |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
| 1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to <b>Deposit Account No. 02-0375</b> in the name of Baker Botts L.L.P.  |                 | <b>3. ADDITIONAL FEES</b>  |                          |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
| <input type="checkbox"/> Charge any additional fee required under 37 C.F.R. §§ 1.16 and 1.17 to <b>Deposit Account No. 02-0375</b> .   |                 | Fee Description  | Fee Paid                 |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
|  |                 | <input type="checkbox"/> Surcharge - late filing fee or oath                                 | \$                       |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
|  |                 | <input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet              | \$                       |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
|  |                 | <input type="checkbox"/> Extension for reply with 1 month extension                          | \$                       |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
|  |                 | <input type="checkbox"/> Notice of Appeal  | \$                       |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
|  |                 | <input type="checkbox"/> Filing Brief in Support of Appeal                                   | \$                       |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
|  |                 | <input type="checkbox"/> Request for Oral Hearing  | \$                       |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
|  |                 | <input checked="" type="checkbox"/> Utility Issue Fee (or reissue)                           | \$ 700.00                |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
|  |                 | <input type="checkbox"/> Design Issue Fee  | \$                       |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
|  |                 | <input type="checkbox"/> Plant Issue Fee   | \$                       |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
|  |                 | <input type="checkbox"/> Petitions to Commissioner   | \$                       |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
|  |                 | <input type="checkbox"/> Petition to Revive (unavoidable)                                    | \$                       |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
|  |                 | <input type="checkbox"/> Petition to Revive (unintentional)                                  | \$                       |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
|  |                 | <input type="checkbox"/> Petitions Related to Provisional Applications                       | \$                       |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
|  |                 | <input type="checkbox"/> Submission of Information Disclosure Statement                      | \$                       |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
|  |                 | <input type="checkbox"/> Filing Submission After Final Rejection                             | \$                       |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
|  |                 | <input type="checkbox"/> Recordation of Assignment Document                                  | \$                       |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
|  |                 | <input type="checkbox"/> Filing Request for Reexamination                                    | \$                       |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
|  |                 | <input checked="" type="checkbox"/> Other (specify): Publication and Advance copies (12) Fee | \$ 336.00                |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
| <b>FEE CALCULATION</b>   |                 |  |                          |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
| 1. <b>BASIC FILING FEE</b> <input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity  |                 |  |                          |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
| <table> <thead> <tr> <th></th> <th style="text-align: right;"><u>Fee Paid</u></th> </tr> </thead> <tbody> <tr> <td>Utility Filing Fee</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Design Filing Fee</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Plant Filing Fee</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Reissue Filing Fee</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Provisional Filing Fee</td> <td style="text-align: right;">\$</td> </tr> </tbody> </table> |                 |  |                          |                          | <u>Fee Paid</u> | Utility Filing Fee | \$ | Design Filing Fee | \$ | Plant Filing Fee | \$ | Reissue Filing Fee | \$ | Provisional Filing Fee | \$ |
|  | <u>Fee Paid</u> |  |                          |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
| Utility Filing Fee   | \$              |  |                          |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
| Design Filing Fee  | \$              |  |                          |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
| Plant Filing Fee   | \$              |  |                          |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
| Reissue Filing Fee   | \$              |  |                          |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
| Provisional Filing Fee   | \$              |  |                          |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
| <b>2. EXTRA CLAIMS FEES</b>  |                 |  |                          |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
| CLAIMS AS AMENDED  |                 |  |                          |                          |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
| For  | Number Present  | Highest Number Paid For  | Rate                     |                          |                 | Amount             |    |                   |    |                  |    |                    |    |                        |    |
|  |                 |  | Extra                    | Large Entity             | Small Entity    |                    |    |                   |    |                  |    |                    |    |                        |    |
| TOTAL CLAIMS   |                 | 20   | 0                        | x \$ 50.00               | x \$ 25.00      | \$0.00             |    |                   |    |                  |    |                    |    |                        |    |
| INDEPENDENT CLAIMS   |                 | 3  | 0                        | x \$ 200.00              | x \$ 100.00     | \$0.00             |    |                   |    |                  |    |                    |    |                        |    |
| MULTIPLE DEPENDENT CLAIMS  |                 |  |                          | \$ 360.00                | \$ 180.00       | \$0.00             |    |                   |    |                  |    |                    |    |                        |    |
| <b>TOTAL EXTRA CLAIMS FEES</b>   |                 |  |                          |                          |                 | \$0.00             |    |                   |    |                  |    |                    |    |                        |    |
| <b>SUBMITTED BY</b><br>Typed or Printed Name <u>James B. Apple</u>   |                 |  |                          | Complete (if applicable) |                 |                    |    |                   |    |                  |    |                    |    |                        |    |
|  |                 |  |                          | Registration No.         |                 | 33,470             |    |                   |    |                  |    |                    |    |                        |    |
| Signature  |                 | Date   | 7/8/05                   | Deposit Account User ID  |                 | 02-0375            |    |                   |    |                  |    |                    |    |                        |    |



PATENT  
Attorney Docket No. 006910.2500

~~IN THE UNITED STATES PATENT AND TRADEMARK OFFICE~~

In re Patent Application of: )  
Melba Delaine SELF ) Examiner: Anthony D. BARFIELD  
Application No.: 09/939,646 ) Group Art Unit: 3636  
Filed: August 28, 2001 ) Confirmation No.: 4509  
Title: CHAIR COVERS )

**ISSUE FEE PAYMENT AND NOTICE OF PUBLICATION FEE DUE**

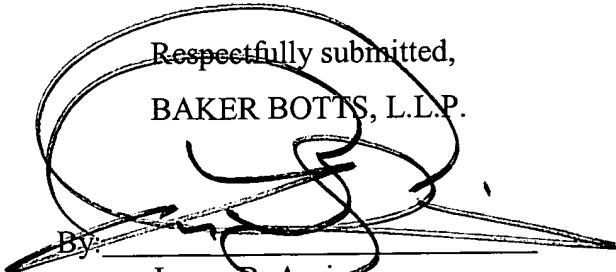
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401 Dulany Street  
Alexandria, VA 22314

Sir:

In accordance with the Notice of Allowance and Fee(s) Due mailed May, 6, 2005, Applicant is enclosing a check covering the Issue Fee, Publication Fee, and cost for 12 advance copies of the patent in the amount of \$1,036.00 (\$700.00, \$36.00, and \$300.00) for filing in the above-captioned patent application. Applicant also is enclosing Part B of the Fees Transmittal. In the event of any variance between the amount enclosed and the fees determined

PATENT  
Attorney Docket No. 006910.2500

by the U.S. Patent and Trademark Office, please charge or credit such variance to the undersigned's Deposit Account No. 02-0375.

Respectfully submitted,  
BAKER BOTTS, L.L.P.  
By:   
James B. Arpin  
Registration No. 33,470

Dated: July 8, 2005

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